

APPLICATION FOR CREDIT
TABLE ROCK ASPHALT CONSTRUCTION COMPANY, INC
PO BOX 1165 BRANSON, MO 65615
417-334-2144 FAX 417-334-2157

THIS IS A 3 PAGE APPLICATION FOR CREDIT PLEASE COMPLETE AND SIGN ALL PAGES
FOR BUSINESS CUSTOMERS (CORPORATIONS, PARTNERSHIPS, LLC)

Company Name _____		
DBA (if applicable) _____	Fictitious Name _____	
Complete Address: _____		DOB (if applicable) _____
City _____	State _____	Zip _____
Phone # _____	Cell # _____	Fax # _____
Federal Id Number _____		
Officers, Partners or Registered Agents Names and Addresses:		
Name: _____	Address: _____	SS#: _____
Name: _____	Address: _____	SS#: _____

FOR INDIVIDUALS OR SOLE PROPRIETORSHIPS ONLY - PLEASE SUPPLY FOLLOWING INFORMATION

Name _____	SS # _____
Spouse's Name _____	SS # _____
Complete Address _____	
City _____	State _____ Zip _____
Phone # _____	Cell # _____ Fax # _____
DOB _____	Drivers License # _____
Employer's Name & Address (if applicable)	
Name: _____	
Address: _____	Phone: _____

Authorized Signers _____

Purchase for New Home _____ Home Improvement _____ Contract Work _____ Other _____

Location of Job _____ County _____

Is There a Loan on This? _____ Paying Direct or Escrow _____

Name of Bank and/or Escrow Company _____

Address _____

THREE TRADE REFERENCES WITH WHICH YOU HAVE ESTABLISHED CREDIT

Company _____

Address _____

Phone _____ Fax _____

Company _____

Address _____

Phone _____ Fax _____

Company _____

Address _____

Phone _____ Fax _____

IMPORTANT TERMS AND NOTICE TO OWNER

1. All open accounts are due on the 10th of the month following purchase. A finance charge of 1½% per month (18% per year) will be assessed if the past due amount has not been paid by the next statement.
2. Credit is extended at discretion of this company and may be amended or withdrawn at any time without notice.
3. Partial payments or payments on account, when accepted, will be posted to oldest invoices forward including service charges.
4. In the event of default you will be liable for any expenses incurred in the collection of your account, including costs of suit, legal expenses, attorney’s fees and collection agency charges.
5. Notice of any dispute with Table Rock Asphalt over materials or billing must be received in our offices in writing within 30 days of receipt of invoices or the undersigned waives rights to such dispute.

ACKNOWLEDGEMENT OF TERMS

I hereby attest the preceding information to be true and accurate and acknowledge disclosure of the above information. Further, I agree to the terms of the credit plan as stated above.

Date _____ Firm _____

Name (Print Please) _____

Signature _____

Spouse’s Signature (if app) _____

Witness’ Signature _____

Witness’ Address _____

NOTICE TO OWNER

FAILURE OF THIS CONTRACTOR TO PAY THOSE PERSONS SUPPLYING MATERIAL OR SERVICES TO COMPLETE THIS CONTRACT CAN RESULT IN THE FILING OF A MECHANIC’S LIEN ON THE PROPERTY WHICH IS THE SUBJECT OF THIS CONTRACT PURSUANT TO CHAPTER 429, RSMO. TO AVOID THIS RESULT YOU MAY ASK THIS CONTRACTOR FOR “LIEN WAIVERS” FROM ALL PERSONS SUPPLYING MATERIAL OR SERVICES FOR THE WORK DESCRIBED IN THIS CONTRACT. FAILURE TO SECURE LIEN WAIVERS MAY RESULT IN YOU PAYING FOR LABOR AND MATERIAL TWICE.

NOTICE TO CONTRACTORS

SINCE 1986 THE LAW HAS REQUIRED THAT WHERE THERE IS REPAIR, REMODELING OF OR ADDITION TO OWNER-OCCUPIED RESIDENTIAL PROPERTY OF FOUR UNITS OR LESS THE GENERAL CONTRACTOR MUST OBTAIN A SIGNED “CONSENT OF OWNER” DOCUMENT. BELOW IS A COPY OF THAT DOCUMENT, AS THE STATE REQUIRES IT TO APPEAR. YOU CAN OBTAIN COPIES OF THE “CONSENT OF OWNER” FORM FOR YOUR JOBS, WHICH REQUIRE THEM FROM OUR OFFICE. AGAIN, THESE ARE NOT REQUIRED FOR NEW CONSTRUCTION, ONLY FOR REPAIR, REMODELING OR ADDITIONS OF RESIDENTIAL PROPERTY.

CONSENT OF OWNER

CONSENT IS HEREBY GIVEN FOR FILING OF MECHANIC’S LIENS BY ANY PERSON WHO SUPPLIES MATERIAL OR SERVICES FOR THE WORK DESCRIBED IN THIS CONTRACT ON THE PROPERTY ON WHICH IT IS LOCATED IF HE IS NOT PAID.

Credit Approved By _____ Date _____ Comments _____

**TABLE ROCK ASPHALT
CONSTRUCTION COMPANY, INC
PO BOX 1165
BRANSON, MO 65615
PHONE 417-334-2144 FAX 417-334-2157
BANK RELEASE FOR CREDIT INFORMATION**

Customer Name _____

Bank Name _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Fax # _____

THE FOLLOWING INFORMATION TO BE SUPPLIED BY BANK

<u>Type of Account</u>	<u>Average Bank Balance</u>			<u>Date Opened</u>
	<u>Low</u>	<u>Med</u>	<u>High</u>	
Personal Checking	_____	_____	_____	_____
Personal Checking	_____	_____	_____	_____
Business Checking	_____	_____	_____	_____
Savings	_____	_____	_____	_____
Money Market	_____	_____	_____	_____
# Of NSF Checks	_____	_____	_____	_____
Loan Rating	Paid As Agreed _____	Paid Late _____	Unpaid/Bad Debt _____	_____
Other	_____	_____	_____	_____

ATTENTION CREDIT DEPARTMENT

I have applied for an account at Table Rock Asphalt Construction Company, Inc. I am giving you my permission to release all credit information, regarding my present and past accounts with your bank. **Please return this information to their credit department at your earliest convenience.**

Signature _____ Date _____